

Office of Health Facilities

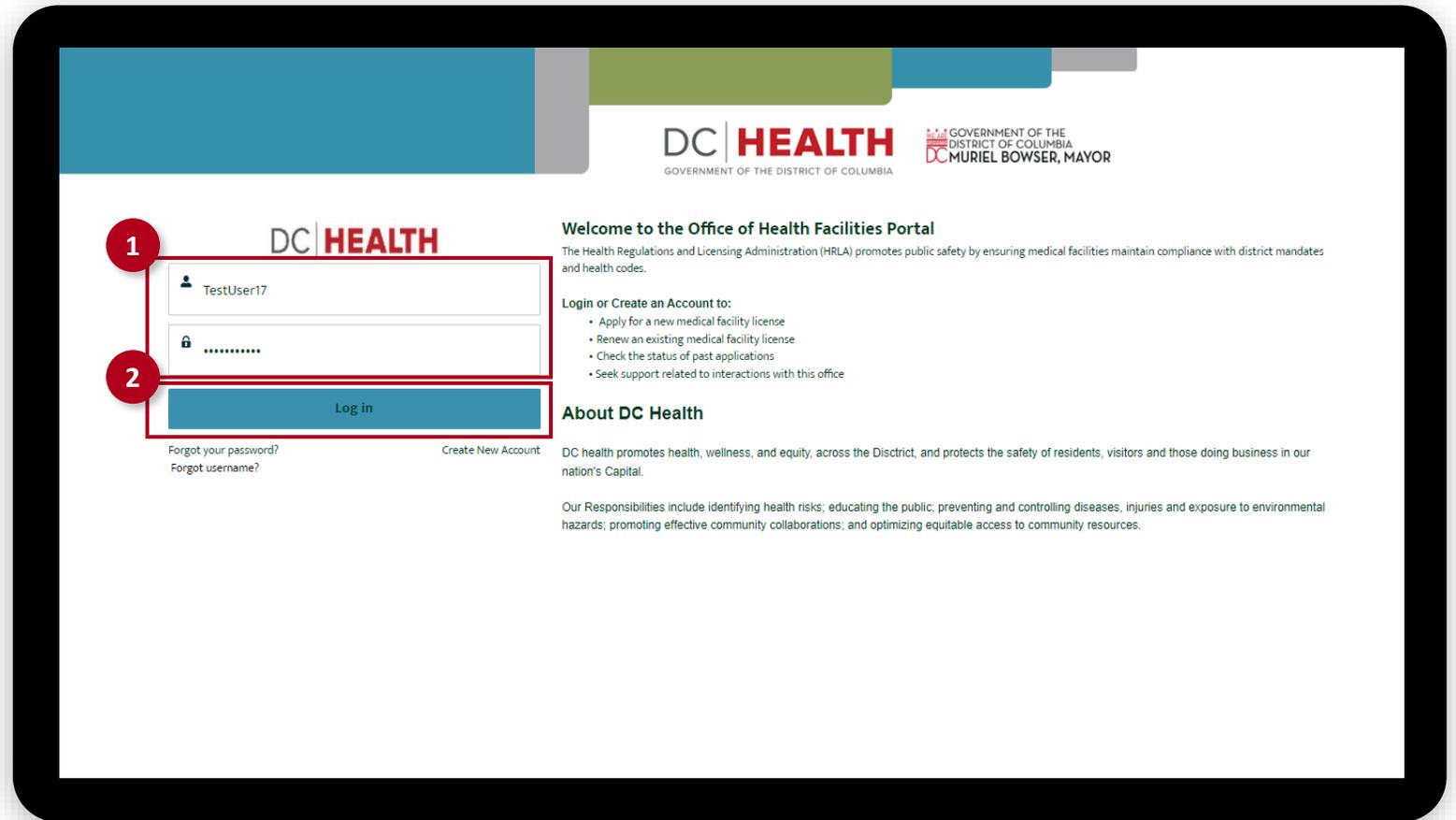
Application for Child Placement Agency

Reference Guide for New Applicants

Let's begin!

Log In to the platform

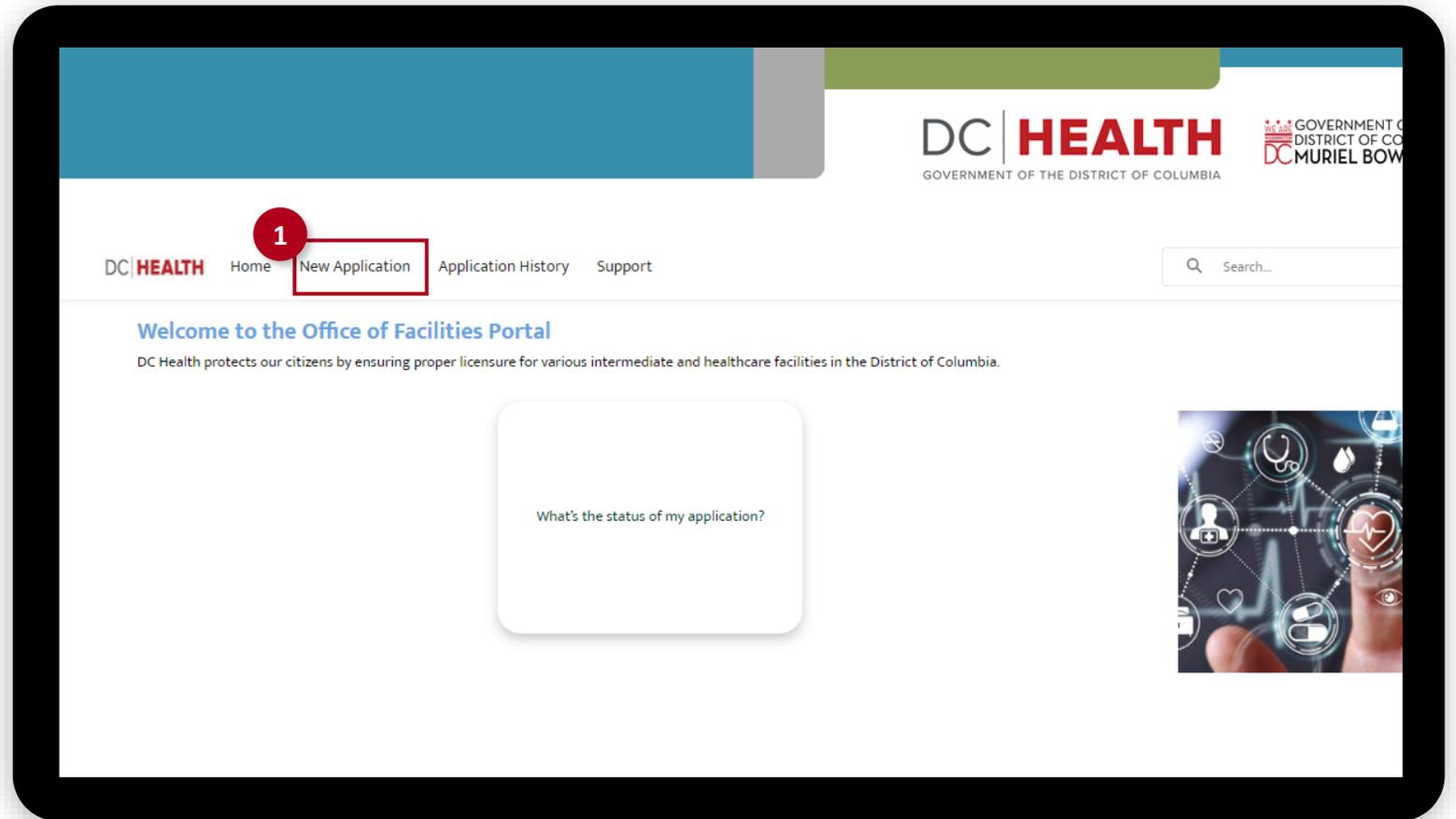
- 1 Enter your username and password.
- 2 Click the Log In button.



TIP: If you don't have an account click the **Create New Account** link.

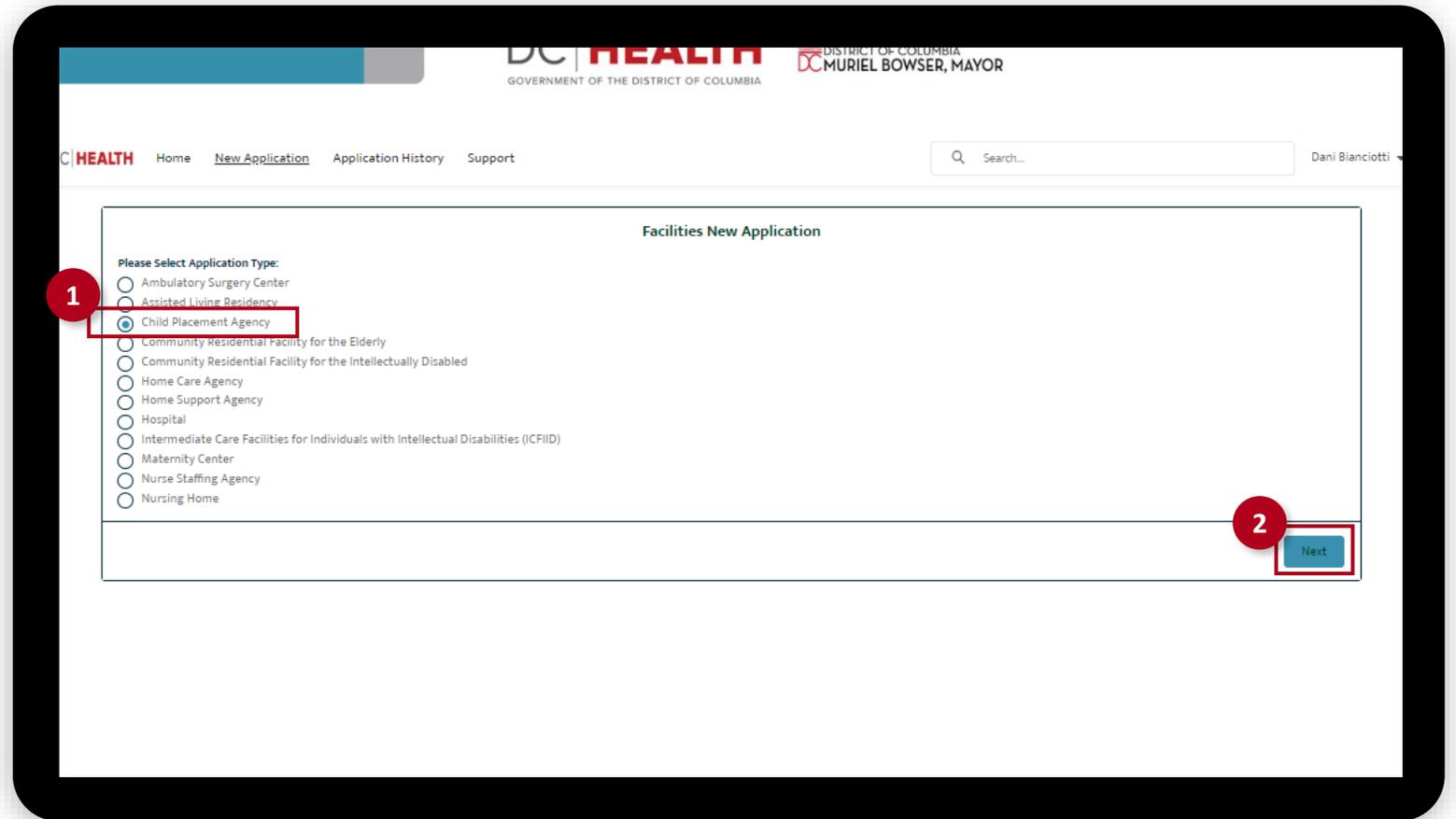
Navigate to the New Application screen

- 1 Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



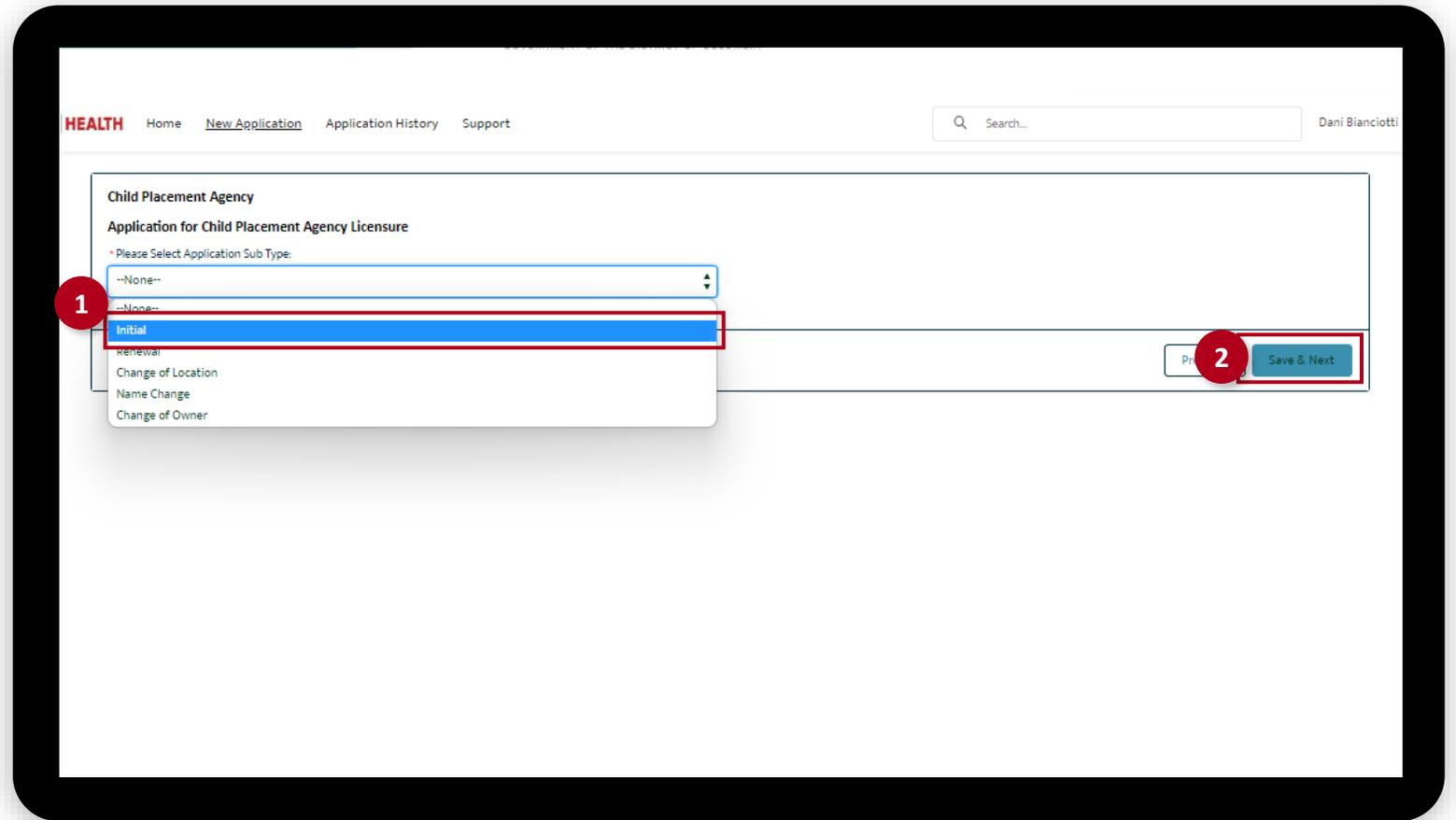
Select the Facilities New Application

- 1 Select the Child Placement Agency option from the list.
- 2 Click the Next button.



Select the Application Sub Type

- 1 Select the **Initial** option from the drop-down list.
- 2 Click the **Save & Next** button.



Fill out the Child Placement Agency Information

- 1 Fill out all the required fields in the Agency Information and Corporate Office Information sections.
- 2 Click the Save & Next button.

DC HEALTH Home [New Application](#) Application History Support

Et minus vero deserunt molestias dolorem ut. Dani Bianciotti

Child Placement Agency

Agency Information:

*Name: David Torp *Street Address: 747 Eudora Garden

*City: Port Kieraview *State: WI

*Zip Code: 49172 *Telephone Number: 801-097-5055

*Fax Number: 290

Corporate Office Information:

Name: Jerrold Greenfelder Street Address: 530 Josh Mail

City: Fort Oletaborough State: MD

Zip Code: 20069 Telephone Number: 733-168-4280

Fax Number: 605

Save & Next

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Child Placement Agency Information

- 3 Fill out all the required fields in the Executive Director Information section.
- 4 Click the Save & Next button.

HEALTH Home [New Application](#) Application History Support

Sequi quasi dolorum saepe nihil voluptatem cupiditate l Dani Bianciotti

3 Child Placement Agency

Executive Director Information:

* First Name: Heather Middle Name: Commodi in autem quaerat nihil omnis. * Last Name: Yost

* Street Address: 82104 Toby Viaduct

* City: Schmelerview * State: NV

* Zip Code: 52959 * Telephone: 253-871-0279

* Highest Level of Education Completed: Torp, Ritchie and Jacobson * Email: your.email+fakedata19092@gmail.com

Prev 4 Save & Next

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Child Placement Agency Information

- 5 Fill out all the required fields in the Applicant Information section.
- 6 Click the Save & Next button.

HEALTH Home [New Application](#) Application History Support

Quo placeat ducimus omnis libero ea natus repellendus Dani Bianciotti

5 Child Placement Agency

Applicant Information:

* First Name: Middle Name: * Last Name:

* Street Address:

* City: * State:

* Zip Code: * Telephone:

* Email: * Relationship of Applicant(s) to Child Placing Agency:

6 Save & Next

The fields marked with * are mandatory and must be filled out to continue.

Upload the Insurance Coverage

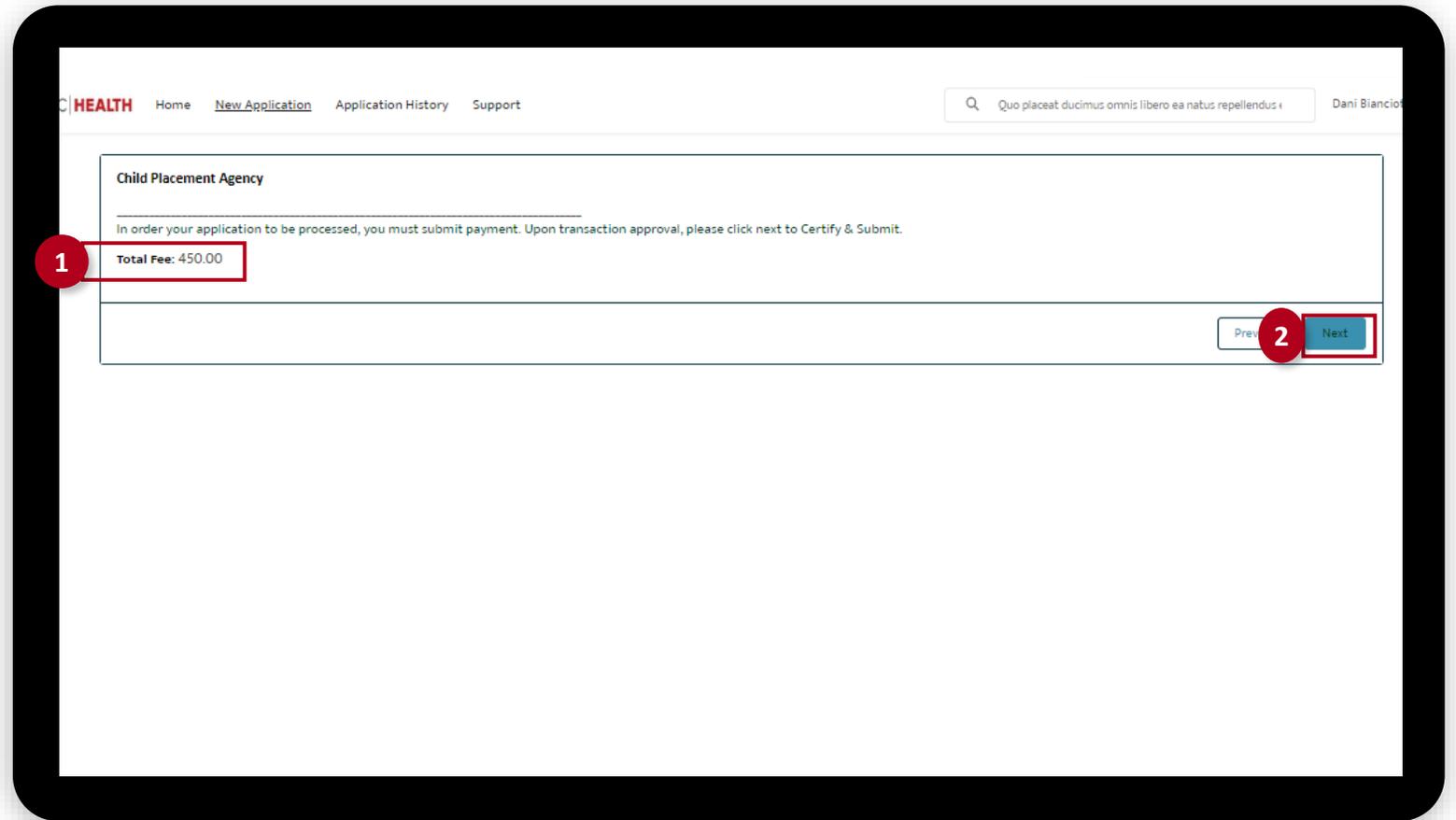
- 1 Select **Yes/No** from the drop-down menu. Upload needed documents by clicking the **Upload Files** button.
- 2 Click the **Next** button.

The screenshot shows a web form titled "Insurance Coverage" on the DC Health website. At the top, there is a navigation bar with "DC HEALTH" and "GOVERNMENT OF THE DISTRICT OF COLUMBIA" logos. Below the navigation, there is a search bar and a user profile "Dani Bia". The main form area contains a question: "Does the facility have Liability insurance?". A dropdown menu is open, showing "Yes" as the selected option. Below the question, there is a section for "Please provide documentation of insurance." with two buttons: "Upload Files" and "Or drop files". At the bottom right of the form, there is a "Next" button. Red circles with numbers 1 and 2 are overlaid on the form. Circle 1 is around the dropdown menu, and circle 2 is around the "Next" button.

The fields marked with * are mandatory and must be filled out to continue.

Total Fee

- 1 Check if **Total Fee** is correct.
- 2 Click the **Next** button.



The fields marked with * are mandatory and must be filled out to continue.

Payment Wizard



1 Fill out the **Billing Address** and **Payment Info** fields.

2 Click the **Pay** button.

HEALTH Home [New Application](#) Application History Support

Est repudiandae cum enim beatae qui animi adipisci. Dani Bianciotti

Payment Wizard

Please complete the payment for your application using the form below. Click "Pay" when you are done inputting your payment details. If you are unable to pay at this time, you may exit this saved draft and return to it in the "Application History" tab of the portal header later.

After your payment has processed, click "Next" below to certify and submit the application. Your application will not be reviewed until these steps have been completed.

1

Billing Address	Payment Info
244 Maggio Manor	Kale Terry
469 Dayna Vista	3782 822463 10005
South Della	10 / 25
Delaware	**** ?
66074	

2 Pay \$700.00

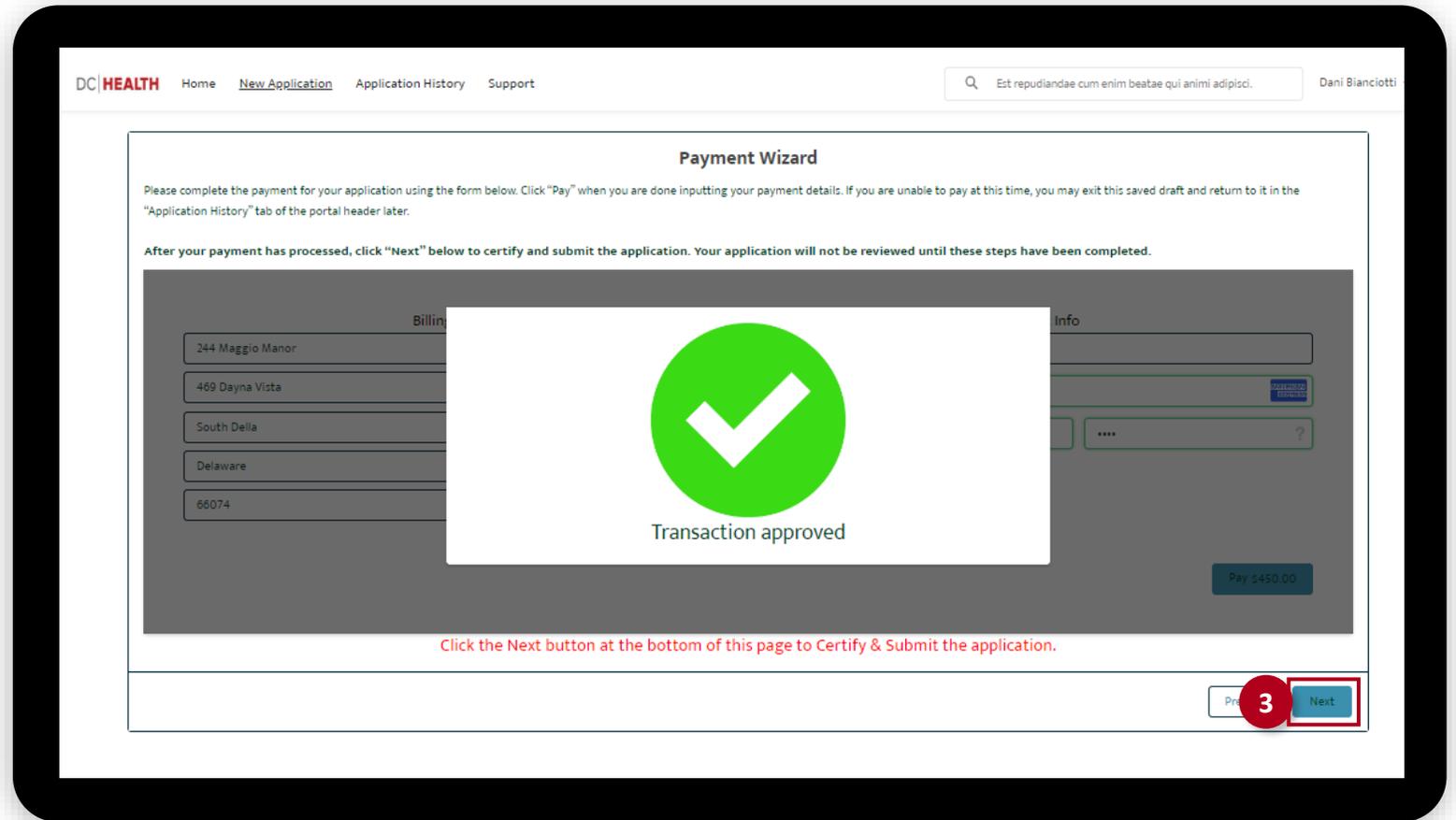
Click the Next button at the bottom of this page to Certify & Submit the application.

Previous Next

Payment Wizard



- 3 Once the Transaction is approved, click the **Next** button.



Certify and Submit

- 1 Fill out the Name field.
- 2 Click the Submit button.

DC HEALTH GOVERNMENT OF THE DISTRICT OF COLUMBIA
GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

ALTH Home [New Application](#) Application History Support

Ut occaecati est. Dani Bian

Child Placement Agency

Certify and Submit

By clicking the submit button below, you are acknowledging that you are providing information for an official record and that the information you are supplying is true. By submitting this information, you understand that knowingly and willfully making a false statement on an official record may result in action against your license, registration, or certification and criminal penalties. This information will be held confidential by the Department of Health.

(a) A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties or if that person makes an affirmation by signing an entity filing or other document under Title 29 of the District of Columbia Official Code, knowing that the facts stated in the filing are not true in any material respect or if that person makes an affirmation by signing a declaration under § 1-1061.13, knowing that the facts stated in the filing are not true in any material respect;

(b) Any person convicted of making false statements shall be fined not more than the amount set forth in § 22-3571.01 or imprisoned for not more than 180 days, or both. A violation of this section shall be prosecuted by the Attorney General for the District of Columbia or one of the Attorney General's assistants.

By electronically entering my name on this form, I attest that all statements are true and accurate.

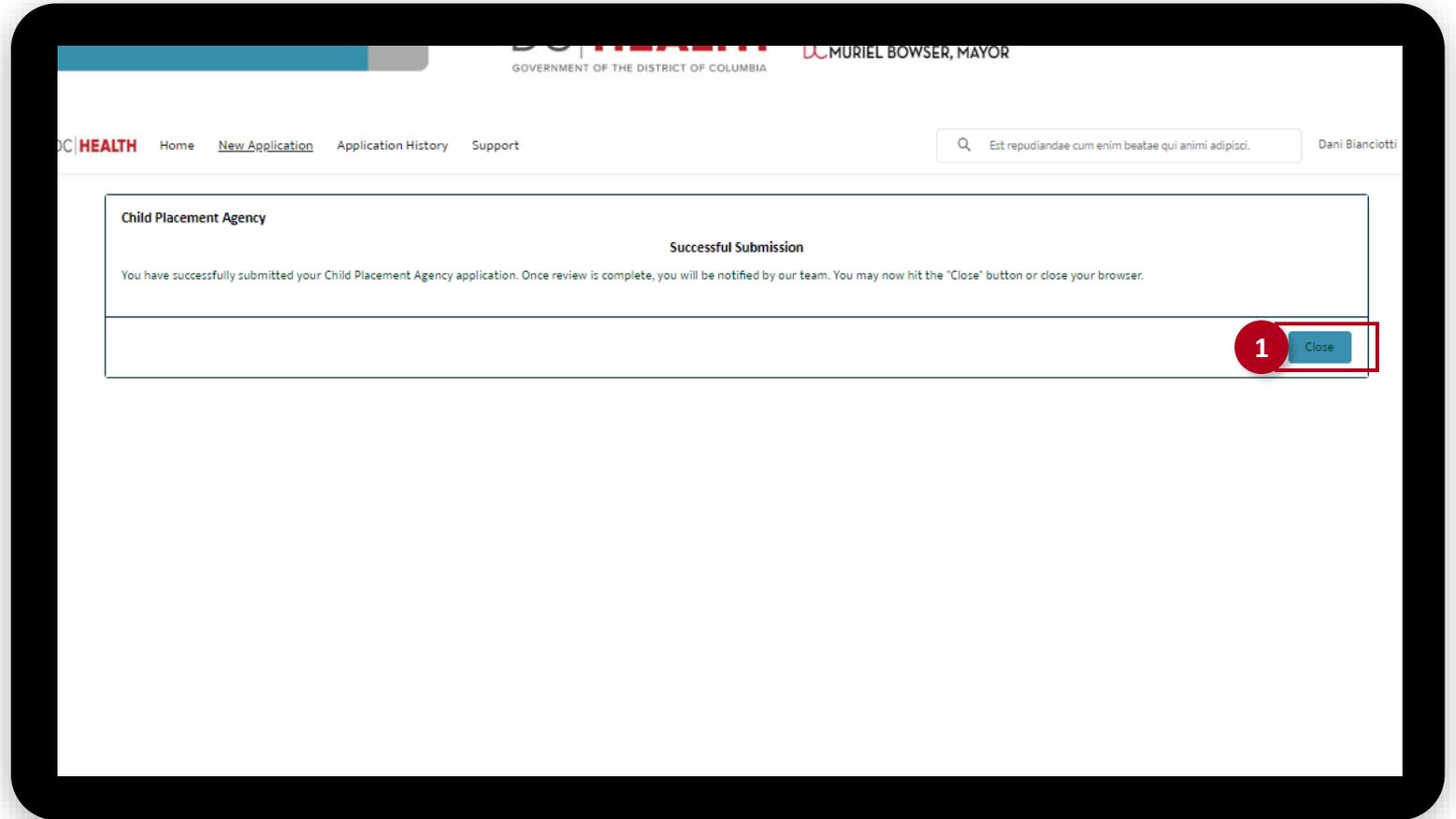
* Name: Date:

Prev **2** Submit

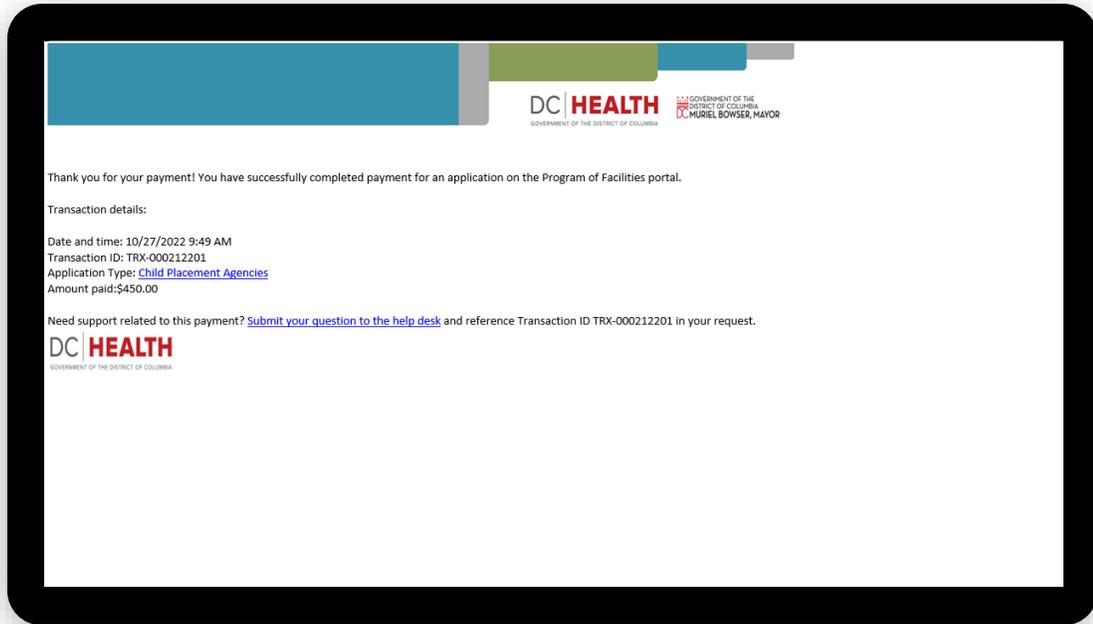
The fields marked with * are mandatory and must be filled out to continue.

Close the Application

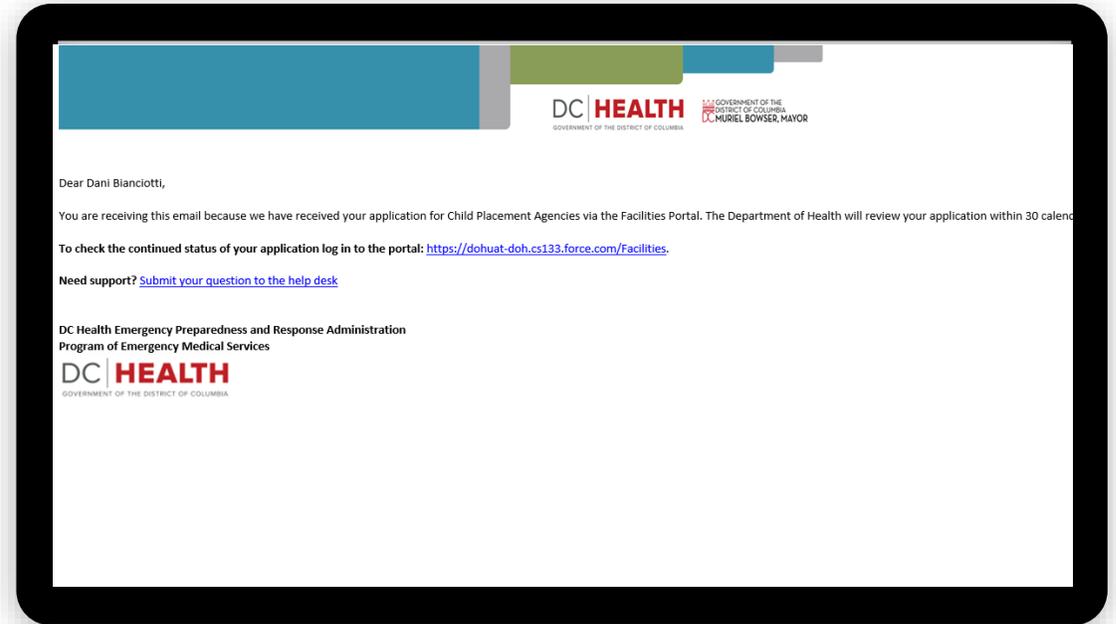
- 1 You have finished submitting your application. Click the **Close** button.



E-mail Confirmation



1 Check if you have received confirmation of payment.



2 Check if you have received confirmation for your application.

Thank you!